

APP PRIVILEGES IN PEDIATRICS

Name:

Instructions:

1. Click the **Request** checkbox to request a group of **Core Privileges**.
2. Uncheck any privileges you do not want to request in this group.
3. Individually check off any **Special Privileges** you want to request.
4. Sign form electronically and **submit with all required documentation**.
5. As the Supervising Physician I have reviewed and agree to the Supervision/Delegation of Services Agreement by signing this privilege form. The Supervision/Delegation of Services Agreement can be found [here](#).

| Required Qualifications | |
|--|---|
| Education/Training | Successful completion of a PA or NP program |
| Licensure (Initial and Reappointment) | Current Licensure as a PA or RN in the state of CA Current certification as a NP in the state of California |
| Certification (Initial and Reappointment) | Current Certification as a PA or NP by a nationally accredited organization |
| Additional Qualifications (Initial and Reappointment) | Current BLS from the American Heart Association. Current DEA required (DEA and Nurse Practitioner Furnishing Exception for applicant APP Fellows who are allowed up to a 3-month grace period before requesting MEDICATION privileges in core) |
| FPPE | FPPE CRITERIA LISTED BELOW. FPPE WILL BE ASSIGNED BY THE SERVICE CHIEF DURING THE APPROVAL PROCESS |
| Definitions | "General Supervision" means the definition specified at 42 CFR 410.32(b)(3)(i), that is, the procedure or service is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. "Personal Supervision" means the definition specified at 42 CFR 410.32(b)(3)(iii), that is, the physician must be in attendance in the room during the performance of the service or procedure. "Direct Supervision" means that the physician or nonphysician practitioner must be present on the same campus where the services are being furnished. For services furnished in an off-campus provider based department as defined in 42 CFR 413.65, he or she must be present within the off-campus provider based department. The physician or nonphysician practitioner must be immediately available to furnish assistance and direction throughout the performance of the procedure. The physician or nonphysician practitioner does not have to be present in the room when the procedure is performed. |

Patient Population

| Request | <p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p> | Supervising Physician | Service Chief Rec |
|---------|---|--------------------------|-------------------------|
| | Patient Population | | |
| | Infant | | |
| | Pediatric | | |
| | Adolescent | | |
| | Adult | | |
| | Geriatric | | |
| | Setting | | |
| | Outpatient | | |
| | Inpatient | | |

Provide care on LPCH patients in specific areas of SHC

| Request | <p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p> | Supervising Physician | Service Chief Rec |
|---------|---|--------------------------|-------------------------|
| | Additional Request | | |
| | For LPCH APP who ONLY provide care of patients in the SHC Emergency Department, ASC, Cath Lab, Cancer Center or Endo Unit | | |

Core Privileges - PHYSICIAN ASSISTANT (PA)

| Request | <p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p> | Supervising Physician | Service Chief Rec |
|----------------------------|---|--------------------------|-------------------------|
| General Supervision | | | |
| | Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty | | |
| | Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients | | |
| | Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient | | |
| | Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products | | |
| | Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services | | |
| | Performs designated procedures after demonstrated competency, according to written standardized procedures where applicable | | |
| | Obtains informed consent, as indicated | | |
| | Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork | | |
| | Provides and coordinates patient teaching and counseling | | |
| | MEDICATIONS Administer, order, furnish or prescribe drugs and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence, professional judgment and policies of SHC. see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs; Formulary Protocol [CRITERIA - Must meet above APP requirements plus: NP's - Current Furnishing Licensure in the State of California; PA's - Current Licensure in the State of California and National Certification for Physician Assistants; CNS's- Current Licensure in the State of California] | | |
| | CONTROLLED MEDICATIONS OUTPATIENT PRESCRIPTION Administer, dispense and prescribe legend drugs in outpatient setting including narcotics and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence and professional judgment [CRITERIA - Must meet above NP or PA requirements plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V)] | | |

Qualifications

Renewal Criteria Minimum of 22 core cases required during the past two years.

FPPE - Area is managed by Medical Staff Office. Please make NO selections

Core - PHYSICIAN ASSISTANT (PA)

Core Privileges - NURSE PRACTITIONER (NP)

| Request | <p align="center">Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i></p> | Supervising Physician | Service Chief Rec |
|----------------------------|--|--------------------------|-------------------------|
| General Supervision | | | |
| | Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty, according to written standardized procedures | | |
| | Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients, according to written standardized procedures | | |
| | Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient, according to written standardized procedures | | |
| | Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products | | |
| | Orders physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services | | |
| | Performs designated procedures according to written standardized procedures where applicable | | |
| | Obtains informed consent, as indicated | | |
| | Initiates arrangements for hospital admissions and discharges and completes appropriate paperwork | | |
| | MEDICATIONS Administer, order, furnish or prescribe drugs and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence, professional judgment and policies of SHC. see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs; Formulary Protocol [CRITERIA - Must meet above APP requirements plus: NP's - Current Furnishing Licensure in the State of California; PA's - Current Licensure in the State of California and National Certification for Physician Assistants; CNS's- Current Licensure in the State of California]- | | |
| | CONTROLLED MEDICATIONS OUTPATIENT PRESCRIPTION Administer, dispense and prescribe legend drugs in outpatient setting including narcotics and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence and professional judgment [CRITERIA - Must meet above NP or PA requirements plus: Current individual CA DEA in State of California - Full Schedule (II, IIN, III, IIIN, IV, V)] | | |

Qualifications

Renewal Criteria Minimum of 22 core cases required during the past two years.

FPPE - Area is managed by Medical Staff Office. Please make NO selections

Core - NURSE PRACTITIONER (NP)

[applicant]

Division

| Request | Request all privileges listed below. <i>Uncheck any privileges that you do not want to request.</i> | Supervising Physician | Service Chief Rec |
|---------|---|--------------------------|-------------------------|
| | (Select division which corresponds to your Supervising Physician) | | |
| | PEDIATRIC ENDOCRINOLOGY | | |
| | PEDIATRIC HEMATOLOGY / ONCOLOGY | | |
| | PEDIATRIC PULMONARY MEDICINE | | |

Acknowledgment of Applicant

I have requested only those privileges for which, by education, training and experience I am qualified to perform under the supervision of an attending physician, and that I wish to exercise at Stanford Hospital & Clinics.

I attest that I have met all of the required criteria and will meet all competency requirements for each standardized protocol and/or standardized procedure that I have requested.

I also attest that I will adhere to the guidelines of the SHC Job Description appropriate to my professional role as well as all standardized protocols and/or standardized procedures that I have requested.

By clicking on the "Submit" button below, I have electronically signed, dated and submitted this privilege request _____ Date

Service Chief Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

| Privilege | Condition/Modification/Deletion/Explanation |
|-----------|---|
| | |
| | |
| | |
| | |
| | |

[applicant]

| Service Chief Recommendation - Proctoring Requirements |
|--|
| |
| |
| |
| |
| |

Supervising Physician - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

Date

Service Chief - By clicking on the 'Submit' button below, I have electronically signed, dated and approved this privilege request

Date